

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

**COVER PAGE**

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
EHNES	LUCINDA	A	( 916 ) 322-2012
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
980 9TH STREET, SUITE 500	SACRAMENTO	CA	95814-2724 916-322-2579

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

CA DEPARTMENT OF MANAGED HEALTH CARE

Division, Board, District, if applicable:

HQ - DIRECTOR'S OFFICE

Your Position:

DIRECTOR

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2008.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes - schedule attached  
*Investments (10% or greater Ownership)*

Schedule B ☐ Yes - schedule attached  
*Real Property*

Schedule C ☐ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☒ Yes - schedule attached  
*Income - Gifts*

Schedule E ☐ Yes - schedule attached  
*Income - Gifts - Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed MARCH 24, 2009

Signature

[Redacted Signature]

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name _____

<p>▶ NAME OF BUSINESS ENTITY <b>CARDINAL HEALTH</b></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <b>HEALTH CARE</b></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000      <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe)</p> <p>IF APPLICABLE, LIST DATE: _____/_____/08      ____/_____/08 ACQUIRED      DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY <b>LUNDIECK INVESTMENTS (PARTNERSHIP)</b></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000      <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Other <b>REAL ESTATE, DENVER, CO</b> (Describe)</p> <p>IF APPLICABLE, LIST DATE: _____/_____/08      ____/_____/08 ACQUIRED      DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY <b>MICROSOFT</b></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <b>TECHNOLOGY</b></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000      <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe)</p> <p>IF APPLICABLE, LIST DATE: _____/_____/08      ____/_____/08 ACQUIRED      DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000      <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe)</p> <p>IF APPLICABLE, LIST DATE: _____/_____/08      ____/_____/08 ACQUIRED      DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY <b>WALMART</b></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <b>GENERAL MERCHANDISE</b></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000      <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe)</p> <p>IF APPLICABLE, LIST DATE: _____/_____/08      ____/_____/08 ACQUIRED      DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000      <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000      <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe)</p> <p>IF APPLICABLE, LIST DATE: _____/_____/08      ____/_____/08 ACQUIRED      DISPOSED</p>

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

► NAME OF SOURCE

MOLLY COYE - HEALTHTECH

ADDRESS

524 2ND STREET, SAN FRANCISCO, CA 94107

BUSINESS ACTIVITY, IF ANY, OF SOURCE

PERSONAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 17 / 08</u>	<u>\$ 57.00</u>	<u>DINNER</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

NATIONAL ASSN. OF INS. COMMISSIONERS

ADDRESS

SAN FRANCISCO, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DINNER WITH COMMISSIONERS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 29 / 08</u>	<u>\$ 75.00</u>	<u>QUARTERLY MTG.</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

CALRHIO

ADDRESS

526 2ND STREET, SAN FRANCISCO, CA 94107

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BOARD MEETING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 12 / 08</u>	<u>\$ 70.00</u>	<u>DINNER</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ALLEN MILLER - COPE HEALTH SOLUTIONS

ADDRESS

2400 SO. FLOWER STREET, LA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

PERSONAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 22 / 08</u>	<u>\$ 45.00</u>	<u>DINNER</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

BRUCE FRIED

ADDRESS

1301 K STREET N.W. STE. 600, E. Tower DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

PERSONAL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 23 / 08</u>	<u>\$ 50.00</u>	<u>DINNER</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

e-HEALTH INITIATIVE

ADDRESS

WASHINGTON DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BOARD MEETING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 24 / 08</u>	<u>\$ 250.00</u>	<u>AIR TRAVEL *</u>
<u>9 / 24 / 08</u>	<u>\$ 150.00</u>	<u>LODGING *</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \* 501 (C)(3)